

Fill in this information to identify the case:

Debtor 1 JUDY CARR A/K/A JUDITH CARR

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: District of NEW JERSEY

Case number 2317710 Chapter = 11

Official Form 410

Proof of Claim

12/15

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>JERSEY SHORE ANESTHESIOLOGY ASSOCIATES</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>Pressler, Felt & Warshaw, LLP</u> Name <u>7 Entin Rd.</u> Number Street <u>Parsippany NJ 07054</u> City State ZIP Code Contact phone <u>1-973-753-5100</u> Contact email <u>dvalenzano@pfwattorneys.com</u>	Where should payments to the creditor be sent? (if different) Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): <u>C263114A</u>	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on ____ / ____ / ____	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? ☐ No
☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 8704 ____ ____ ____

7. How much is the claim? \$ 4,627.76 Does this amount include interest or other charges?
☐ No
☒ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.

Judgment docketed in Law Division 01/23/14 - DJ-015524-14.

9. Is all or part of the claim secured? ☐ No
☒ Yes. The claim is secured by a lien on property.
Nature of property:
☒ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
☐ Motor vehicle
☐ Other. Describe: _____

Basis for perfection: RE levy on 04/04/14
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$ _____
Amount of the claim that is secured: \$ 4627.76
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ _____

Annual Interest Rate (when case was filed) .25 %
☐ Fixed
☒ Variable

10. Is this claim based on a lease? ☒ No
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? ☒ No
☐ Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☒ No

☐ Yes. Check all that apply:

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

☐ Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 11/13/2023
MM / DD / YYYY

/S/Donald V. Valenzano, Jr.
Signature

Print the name of the person who is completing and signing this claim:

Name Donald V. Valenzano, Jr.
First name Middle name Last name

Title ATTORNEY

Company Pressler, Felt & Warshaw, LLP
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 7 Entin Rd.
Number Street

Parsippany NJ 07054
City State ZIP Code

Contact phone 1-973-753-5100 Email _____

Pressler, Felt & Warshaw, LLP
7 Entin Rd.
Parsippany, NJ 07054-5020
1-973-753-5100
Attorney for Plaintiff

PFW File Number
C263114A

Bankruptcy Proof of Claim
Itemized Statement
Of Additional Charges

Total Judgment	4,009.79
Subsequent Costs	299.26
Subsequent Interest thru 08/31/23	318.71
Postjudgment Pymts	0.00
Total Claim	----- 4,627.76

Original Creditor: JERSEY SHORE ANESTHESIOLOGY ASSOCIATES
Account Number: XX8704

FILED Jan 07, 2014

Rita E. Ayoub - 017032010

P&P FILE NO C263114A
MONMOUTH COUNTY SPECIAL CIVIL PART
ON ☒ CONTRACT ☐ TORT
DOCKET#DC-013361-13
STATEMENT FOR DOCKETING

JERSEY SHORE ANESTHESIOLOGY
ASSOCIATES

Plaintiff's Attorney
Pressler and Pressler LLP
7 Entin Rd.
Parsippany, NJ 07054-2020

vs. PLAINTIFF

JUDY CARR A/K/A JUDITH CARR
23 SILVERLEAF WAY
MANALAPAN, NJ 077263173
DEFENDANT(S)

Judgement in the above matter was entered in the MONMOUTH County Special Civil Part in favor of the Plaintiff(s) and against the defendant(s) JUDY CARR A/K/A JUDITH CARR

An Execution was issued on and
was returned on _____
monies recv'd by Constable \$ _____
total Credits \$ _____

Judgement Date	12/18/13
Judgement Amount	\$ 3,850.00
Costs & Atty fees	\$ 149.00
Additional Costs	\$ 0.00
Subtotal	\$ 3,999.00
Credits	\$ 0.00
Total	\$ 3,999.00

An execution was issued on and
was returned on _____
monies recv'd by Constable \$ _____
total Credits \$ _____

I HEREBY CERTIFY that the foregoing reflects the judgement and costs of record in this Court, as of this time.

DATED: JAN - 7 2014

I, the undersigned, am attorney for the above named Plaintiff, certify that at the present time there is due upon the above mentioned judgement, which is about to be docketed in the Superior Court of New Jersey, as herein set forth. The total judgment due includes the \$10.00 docketing fee.

Jama E. Pressley
Total Judgement Due \$ 4,009.00
Total Credits \$ 0.00
Sub Total \$ 4,009.00
Interest \$ 0.79
Total Due This Date \$ 4,009.79
(being a sum not less than ten dollars)

I CERTIFY that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

DATED: JAN 17 2014

Rita E. Ayoub
Rita E. Ayoub
Attorney at Law

DU015524-14